

POLICY BULLETIN CHILD NUTRITION PROGRAMS

FDCH 09-06

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SUBJECT: Provider Critical Areas and Ratings

CONTACT: Warren Gaddis

PH: (801) 538-7687

Provider monitoring has not historically provided sponsors (or the USOE/CNP) long-term individual provider or provider group information. When problems (or achievements) are identified they have typically been addressed as isolated incidents and search for widespread patterns has not been undertaken; monitoring information has not normally been “accumulated” to identify pervasive training needs - or successes. In addition, monitoring has tended to be performed as a “visit and fill out the form” activity rather than an effort to *evaluate* providers’ implementation of program requirements and objectives.

In order to better address these concerns a scheme of ratings of critical performance areas for providers has been devised. It is expected that Sponsors will compile and review the ratings of providers, both individually and as a group, on a regular basis to effect long-term *evaluation* - of providers and, ultimately, of the sponsor.

CRITICAL AREAS

There are nine “critical areas” observed in the course of required on-site monitoring visits. The critical areas are specified in regulatory requirements for monitoring and in the Sponsor/Provider agreement. Regulatory citations include 7CFR Part 226.10(c)(3), .16(d)(4), .18(b)(14) and .18(e). The monitoring form includes several questions probing each of the critical areas.

The first seven critical areas listed below are found in the monitoring form as detailed separately in “Common Provider Ratings” (attached). The last two are taken from records on file in the sponsor’s office in conjunction with the monitoring visit.

1. Unexcused absence at mealtime when an unannounced visit was attempted
2. Apparent invalid block claim discovered. There is an additional form to report this situation and its resolution.
3. Meal pattern compliance (observed service)
4. Menu and meal records compliance

5. Attendance and meal count records up to date facilitating the five day reconciliation.
6. Keeping enrollment information up to date
7. Whether there is imminent threat to children's health or safety
8. Provider attendance at required training
9. Provider maintenance of a valid license, residential certificate or relative care approval

RATING THE PROVIDER

The monitor (and sponsor) must apply professional judgment and determine an overall *evaluation* of the provider to rate each critical area.

The ratings to be made for each critical area are:

0 = not observed

1 = no compliance problems – even though “best practice” suggestions might have been made that could be helpful to the provider

2 = the provider is out of compliance and must take corrective action and/or there was a need to deny or reclaim reimbursement

3 = non-compliance that could be deemed a serious deficiency

Ratings of 0 and 1 are straight forward. Considering all the questions associated with a critical area, things were observed or not and there was compliance or not. Ratings of 2 or 3 may take discussion with a supervisor. If problems were easily correctable “errors” or “oversights,” the critical area would be rated 2, but it must be fixed. Also, the more items marked negatively for any critical area, the more likely the final rating would be a 3.

USING THE RATINGS

An “unsophisticated” spreadsheet is offered as a starting point to accumulate ratings of all providers (emailed separately). The sponsor might want to devise another means of accomplishing the same thing, e.g., a fancier spreadsheet or a database application. The point is, the ratings cannot be made and then allowed to stand in isolation.

Space is available in the spreadsheet for up to five monitoring visits to each provider. Some providers might need to be visited more than the required three times, probably because their performance is less than stellar. The ratings for all visits for each critical area are added together and for all visits.

There will be substantial “scores” for all providers since even compliance is rated 1 and added into the total. Whether a total, or critical area score is good or bad is “relative.” A provider visited more times will obviously have a much higher total, what the process is intended to point out. The summary worksheet can also be used to identify critical areas in which many providers are performing poorly indicating a need for more intensive training.